

HERTFORDSHIRE COUNTY COUNCIL

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ANNUAL REPORT

ON

**SCHOOL HEALTH**

IN

**HERTFORDSHIRE**

for the year

**1959**

By

**J. L. DUNLOP,**

M.D., D.P.H., D.T.M. & H.

Principal School Medical Officer

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COUNTY HALL,  
HERTFORD.  
*June, 1960.*

**To the Chairman and Members of the Education Committee.**

Ladies and Gentlemen,

I have the honour to submit my Annual Report as Principal School Medical Officer for the year 1959.

In these days, when the level of the health of the schoolchildren is found to be consistently high, one is frequently called upon to justify the continuance of routine school medical inspection with all that it demands in medical and nursing manpower and interruption of the work of the schools. It may be that there is now a case for a modified system of inspection, but it is well to recollect that the school health service is only fifty-two years of age, and that, until recently, no one questioned its value.

These considerations constantly exercise the mind of the Principal School Medical Officer, and it was with particular interest that I read the annual report from Dr. Ruth Allinson—a contemporary from my own medical school, who has retired after fourteen years in the Hertfordshire School Health Services. Her report gives a vivid account of school medical work as she first knew it, followed by an assessment of the factors which have led to the present happy position.

I have no doubt that the Committee will find her Report of very great interest, and I have unblushingly used it in place of my usual introductory comment. Dr. Allinson's report reads as follows :—

*“ The Changing Face of School Medicine.*

At this stage, one is able to corroborate, from first-hand experience, the statement that there has been a spectacular improvement in the health and general well-being of the schoolchild.

One recalls the conditions existing in the 1930s in one particular city. The central Minor Ailments Clinic was virtually a miniature Out Patients' Department, with its twice-daily sessions, before and after school hours, where treatment was given for a variety of ailments ranging from impetigo and infected minor injuries to chronic otitis media, where simple stitching of small wounds was frequent, and abscesses were opened under local anaesthetic.

A vivid mental picture remains of the occasional case where a child's scalp would be a mass of impetiginous crusts and vermin. This type of thing was most liable to be seen at the end of the long Summer holiday.

Once in a while, a case of scarlet fever, or even diphtheria, would be seen, necessitating direct removal to hospital by ambulance.

Ringworm and scabies were often seen, although they might not be actually epidemic at the time.

Cases of malnutrition due to underfeeding were not infrequent, and were referred to the Free Meals Centre which was open all the year round.

Again, we were sometimes asked for treatment for such conditions as e.g., chronic bronchitis, when payment of the family doctor's account was overdue and the parents were “ too proud ” to apply to the “ parish ” doctor. Such a case often benefited by a few terms at the Day Open Air School, where three good meals, milk, and cod-liver oil were provided daily.

Nowadays, it is not common to see a case of infectious skin disease (excepting the ubiquitous plantar wart) and the cases of mild verminous infestation are limited to a few well-known families.

Now, too, with the abolition of extreme poverty, it is evident that more children are over- than under-nourished, and one no longer hears of children being unable to attend school owing to lack of boots or shoes.

While one would like to apportion some of the credit for this marked improvement in the schoolchild's general condition to the vigilance and work of the School Health Service, one must admit that such a rapid change would have been impossible without the improved housing and sociological conditions inherent in the Welfare State (albeit very costly to the taxpayer !), full employment, the National Health Service and the advent of the antibiotic drugs, which have greatly reduced the amount of chronic sepsis and subsequent chronic ill-health in children as well as in adults.

The Minor Ailment Clinic has now dwindled to almost non-existence excepting as a centre at which appointments are given for examination of special cases.

Another marked improvement in the care of the schoolchild has been the great increase in the facilities available for the education of the handicapped child, so that now no child who is educable is deprived of some form of tuition, whereas, formerly, especially in rural areas, many a crippled or E.S.N. child received no form of education whatever.

The assessment of these children is now probably the most interesting and satisfying part of the School Medical Officer's duties."

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As always, I have to thank the members of my staff—both professional and lay—for their contribution to the preparation and production of this Report.

I am, Ladies and Gentlemen,

Your obedient servant,

J. L. DUNLOP,

*Principal School Medical Officer.*



# SCHOOL REPORT FOR 1959

## SCHOOL MEDICAL AND DENTAL STAFF at 31.12.59

### A. WHOLE-TIME STAFF.

#### *Principal School Medical Officer.*

Dunlop, J. L., M.D., D.P.H., D.T.M. & H.

#### *Deputy Principal School Medical Officer.*

\*Stewart, W., M.B., Ch.B., D.P.H.

#### *Divisional School Medical Officers.*

##### **Dacorum Division.**

\*Hynd, R. S., M.B., Ch.B., D.P.H.

##### **South-West Herts Division.**

\*Alcock, W., M.B., Ch.B., B.Hy., D.P.H.

##### **St. Albans Division.**

\*Sleigh, J. C., M.B., Ch.B., D.P.H.

##### **North Herts Division.**

\*Walker, V. R., M.B., Ch.B., D.P.H.

##### **Mid Herts Division.**

\*Taylor, G. R., M.B., B.S., D.P.H.

#### *School Medical Officers.*

\*Allinson, R. M., M.B., Ch.B., D.P.H. (retired 31.12.59).

\*Barasi, F., M.R.C.S., L.R.C.P., D.P.H.

Batty, D. M., M.B., Ch.B.

Beard, J. M., B.Sc., M.B., Ch.B. (12.10.59).

\*Birch, E. W. G., M.B., B.S., D.P.H.

Clarke, M. D., M.B., B.S.

Colman, B., M.R.C.S., L.R.C.P.

Crawley, J. E., M.D., Ch.B., M.R.C.P.(E).

Darlow, A. R., M.B., B.S., D.P.H., D.T.M. & H. (22.4.59-1.11.59).

Harbord, K. W. M., B.A., M.B., B.Ch., B.A.O. (16.3.59).

\*Howarth, E. C., M.B., B.S.

\*Jones, E. M., M.B., Ch.B., D.P.H.

\*Karpoti, L., M.D.

Kelly, V. K., M.B., Ch.B., D.R.C.O.G., D.C.H. (resigned 28.2.59).

MacRae, N., M.B., Ch.B., D.P.H.

\*Moynihan, S. J., M.R.C.S., L.R.C.P.

O'Reilly, P. B. M., M.R.C.S., L.R.C.P., D.P.H.

\*Ormiston, H. E., M.B., B.S., D.P.H.

Orr, J. M. B., M.B., Ch.B.

Outram, M. I., M.B., Ch.B., D.P.H.

\*Richards, B. A., M.B., B.S. (1.1.59).

Rue, E. R., M.B., B.S.

\*Russell, J. D., M.B., B.S., D.P.H. (resigned 17.3.59).

Walton, E. E., M.B., B.S. (22.2.59).

\*Watkins, M. E., M.B., B.S.

Wozencroft, E. M., M.B., B.S., D.R.C.O.G. (resigned 11.7.59).

\*Wilkes, A., M.B., B.S., D.P.H. (2.3.59).

Wright, A. H., M.B., Ch.B. (2.11.59).

### B. PART-TIME STAFF.

#### *School Medical Officers.*

Airey, S., M.B., Ch.B.

Brander, M. S., B.Sc., M.B., B.S., F.R.C.S., M.R.C.O.G.

Hillis, C. R., M.B., B.Ch., B.A.O.

Mortis, R. H., M.R.C.S., L.R.C.P.

Nunn, J. A., B.M., B.Ch. (Oxon).

Scott, C. M., M.R.C.S., L.R.C.P.

Symonds, W., M.B., B.S., D.C.H.

Tresilian, K. E., M.B., B.S.

Warren, E. M., M.B., B.S. (5.1.59).

\* Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

*County Ophthalmic Officer (Honorary).*

Kathleen F. Matthews, M.R.C.S., L.R.C.P., D.O.M.S., D.P.H. (resigned 28.2.59).

## C. DENTAL STAFF.

*Principal School Dental Officer.*

Millett, A. H., L.D.S., R.C.S.Eng.

*Orthodontist.*

Crawford, J. F., L.D.S., U.St.And. (from March, 1959).

*School Dental Officers (whole-time).*

Barratt, J. M., L.D.S., R.C.S.Eng.

Burman, R., L.D.S.Eng., B.D.S.Lond.

de Mierre, J. H., L.D.S., R.C.S.Eng.

Greenfield, D. G., L.D.S., R.C.S.Eng.

Lindsay, G., L.D.S., R.C.S.Edin. (to September, 1959).

Middleton, R., L.D.S., R.C.S.Eng. (from March, 1959).

Williams, N. E., L.D.S., R.C.S.Eng. (from May, 1959).

*School Dental Officers (part-time).*

Antscherl, F. W., L.D.S., R.C.S.Eng.

Ardouin, D. G., L.D.S., R.C.S.Eng. (from November, 1959).

Badham, D. M., L.D.S., R.C.S.Eng. (to January, 1959).

Bedford-Payne, B., L.D.S.Eng., B.D.S.Lond. (from January, 1959).

Bolton, J. C., L.D.S.Manc. (to July, 1959).

Charman, R. F. (from February, 1959).

Eaton, B. D., L.D.S., R.C.S.Eng. (to January, 1959).

Emanuel, I., L.D.S.Eng., B.D.S.Lond.

Ewart, L. M. J., L.D.S.L'pool.

Fisk, S. W., L.D.S., M.R.C.S., L.R.C.P.

Franklin, J., L.D.S.Eng., B.D.S.Lond.

Hewett, D. M., L.D.S., R.C.S.Eng.

Hopkinson, J. G., B.D.S.L'pool (to January, 1959).

Hylton, H. M. (from January, 1959).

Jack, S. C., L.D.S., R.C.S.Eng. (from March, 1959).

Lafosse, L., L.D.S., R.C.S.Eng. (from June, 1959, to August, 1959).

Lindsay, G., L.D.S., R.C.S.Edin. (from November, 1959).

Lynch, J., L.D.S., R.C.S.Eng. (from June, 1959, to October, 1959.)

McEwan, I. S., B.D.S.Glasg.

Miller, A. H. J., L.D.S., R.C.S.Eng.

Mills, R. T., L.D.S., R.C.S.Eng. (to March, 1959).

Mountford, D. S., L.D.S.L'pool.

Parkinson, J. H., L.D.S.Eng., B.D.S.Lond.

Perkins, P. C., L.D.S., R.C.S.Eng.

Phillips, H. M. T., B.D.S.St. And.

Preedy, J. M., L.D.S.Durh.

Pullan, P. W., L.D.S., R.C.S.Eng., B.D.S.Lond. (from January, 1959, to May, 1959).

Rabson, R. P., L.D.S., R.C.S.Eng.

Rosenkranz, P. H., L.D.S., R.C.S.Eng.

Scott, G. E., L.D.S., R.C.S.Eng.

Smee, G. A., L.D.S., R.C.S.Eng.

Smee, R. J., L.D.S., R.C.S.Eng.

Smith, B. D., L.D.S., R.C.S.Eng.

Tanner, P. M., L.D.S., R.C.S.Eng.

Thomson, A. E., L.D.S.Durh. (from May, 1959).

Valentine, A. D., L.D.S.Eng., B.D.S.Lond. (to July, 1959).

Wicks, M. J., B.D.S.Lond. (from February, 1959).

Wolf, R. A., L.D.S., R.C.S.Eng. (to September, 1959).

Twenty-six Dental Attendants were employed to assist the Dental Officers at clinics and School Inspections.

## D. SCHOOL NURSING STAFF.

*County Nursing Officer.*

Miss V. M. King, S.R.N., S.C.M., H.V., Q.N.

*Deputy County Nursing Officer and Divisional Nursing Officer for South Herts.*

Miss M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

*Divisional Nursing Officers.**East Herts Division.*

Miss B. Brewer, S.R.N., S.C.M., H.V., Q.N.



*Dacorum Division.*

Miss A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N. (resigned 15.9.59).  
Miss J. E. Maughan, S.R.N., S.C.M., H.V., Q.N. (1.10.59).

*St. Albans Division.*

Miss M. N. Brandish, S.R.N., S.C.M., H.V., Q.N. (resigned 31.3.59).  
Miss G. A. Schadek, S.R.N., S.C.M., H.V., Q.N. (1.4.59).

*North Herts Division.*

Miss S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.

*Mid Herts Division.*

Miss D. A. Reay, S.R.N., S.C.M., H.V., Q.N.

*South-West Herts.*

Miss N. S. Teed, M.B.E., S.R.N., S.C.M., H.V.

There are 95 County Health Visitors and School Nurses and 35 District Nurses who do School Nursing.

## E. MEDICAL AUXILIARY STAFF.

*Orthoptists (whole-time).*

\*Miss A. J. Davie.  
\*Miss C. M. Ferguson (resigned 10.5.59).  
\*Miss J. M. Gilley.  
\*Miss J. M. Gregory (2.2.59 to 31.12.59).

*Orthoptists (part-time).*

\*Miss G. Solomon.

★ Diploma British Orthoptic Board.

*Senior Speech Therapist (part-time).*

†Mr. Leonard A. Willmore.

*Speech Therapists.*

†Mrs. M. Evesham (part-time) (resigned 18.12.59).  
†Miss G. Farmer.  
†Mrs. V. Felstead.  
†Miss J. A. Gates (resigned 1.3.59).  
†Miss J. Hawksworth (13.5.59).  
†Miss V. A. Press.  
†Mrs. D. M. Randall.  
†Mrs. V. Tait (part-time).  
†Mrs. J. M. Waterman (part-time) (7.12.59).

† Licentiate College of Speech Therapy.

The general pattern of the School Health Service during 1959 followed the lines of previous years. The school population increased from 117,584 on average in mid-1958, to 122,556 in mid-1959. By the end of 1959, the numbers had increased further to a total of 128,515; 49,561 pupils were seen at the routine medical examinations, an increase of 6,495.

Additional staff were required to meet the increase in the work.

Seven whole-time Medical Officers were appointed; five resigned, one within a few months to work nearer his home, one on retirement, one to a senior appointment elsewhere, and two others for domestic reasons.

There was a welcome addition of three whole-time Dental Officers, though one who had been on the staff for five years resigned his whole-time appointment, but continued to give part-time help. There were changes in the part-time staff; ten more private Dental Surgeons offering assistance and ten resigning their appointments.

The Health Visiting and School Nursing position improved to some extent, but there was a slight reduction in the number of District Nurses doing school nursing.

One Orthoptist left ; one appointed to fill a vacancy from the end of the preceding year, left at the end of 1959. There is still a shortage of these medical auxiliaries in the country.

Two Speech Therapists, one whole and one part-time resigned their appointments, but it was possible to fill these vacancies during the year.

### MEDICAL INSPECTIONS

The statistical tables are given at the end of this report and are in accordance with the requirements of the Ministry.

The numbers seen at the routine inspections were 6,000 more than in 1958 but there were as the tables below show fewer referred as specials or for re-inspections.

#### Numbers seen at Special Inspections and Re-inspections.

<i>Specials</i>	1959.	1958.
At School Medical Inspections . . . .	561	643
At Minor Ailment Clinics . . . .	1,023	1,253
	<hr/> 1,584	<hr/> 1,896
<i>Re-inspections.</i>		
At School Medical Inspections . . . .	23,876	24,239
At Minor Ailment Clinics . . . .	507	982
	<hr/> 24,383	<hr/> 25,311

Only 365, forty more than in 1958, were said to be in an unsatisfactory condition. .7 per cent (.8 per cent in 1958), a very satisfactory " low."

As a medical officer reports : " The overall picture has been one of well being and prosperity and this has manifested itself in a variety of ways. There has been an increase in the awareness of the importance of diet and much more is being spent on food, notably the more expensive proteins. There were, however, again grossly over-weight children, who were advised with varying degrees of success." She goes on to state : " In spite of this encouraging position there remained a small hardcore of children of families who failed to follow the general trend."

It will be seen from the following table that although quite a proportion of defects noticed at the inspections are already having treatment, many are not. Indeed, it is not uncommon for parents to state that as they knew their child would soon be seen at school they had taken no action. Fortunately, the most urgent needs were being met, though 55.3 per cent of those defects in the entrant group, mainly defects of vision, speech, and the feet, had not previously been referred for treatment.

The leaver examination, one which is carried out the term before the pupil in the Secondary Modern school comes to the age of fifteen and in the Grammar school sixteen, still shows up a high proportion of defects every year. An examination of this age group is a particularly important one, as the boy or girl may not have another routine medical examination for many years. During 1959, 44.9 per cent of those with defects among the leavers were recommended for treatment, mostly for defective vision, conditions of the skin or feet, or for bad posture. Any pupil remaining after the ages of fifteen or sixteen at these schools but about whose condition a headmaster is dissatisfied can be brought forward as a " special " and seen by the Medical Officer. At the leaver examinations, a note is made on the headmaster's record card for the Youth Employment Service on the fitness or otherwise of a pupil and if there is any condition which would require particular attention from the point of view of the work to be taken up after school, a special card is completed for the benefit of the Youth Employment Officers.



## Defects found by Medical Inspections during 1959.

Defect Code No.	Defect or Disease	No. of Defects							
		Already under treatment		Recom- mended treatment		Total		Placed under observation	
	(1)	(2)		(3)		(4)		(5)	
4	Skin . . . . .	471	422	619	462	1,090	884	634	494
5	Eyes :								
	(a) Vision . . . . .	2,025	1,714	1,352	1,210	3,377	2,924	2,547	1,966
	(b) Squint . . . . .	453	419	221	189	674	608	302	255
	(c) Other . . . . .	75	74	116	132	191	206	148	151
6	Ears :								
	(a) Hearing . . . . .	124	52	46	43	170	95	480	462
	(b) Otitis Media . . . . .	86	81	73	68	159	149	484	407
	(c) Other . . . . .	18	23	49	158	67	181	142	199
7	Nose or Throat . . . . .	472	385	361	311	833	696	2,054	1,584
8	Speech . . . . .	72	79	213	136	285	215	432	295
9	Lymphatic Glands . . . . .	41	21	31	19	72	40	523	477
10	Heart . . . . .	44	40	30	38	74	78	628	533
11	Lungs . . . . .	260	237	96	131	356	368	887	667
12	Developmental :								
	(a) Hernia . . . . .	15	21	26	28	41	49	101	60
	(b) Other . . . . .	47	45	101	89	148	134	760	491
13	Orthopaedic :								
	(a) Posture . . . . .	35	36	629	480	664	516	635	461
	(b) Feet . . . . .	117	95	1,111	709	1228	804	1276	611
	(c) Other . . . . .	171	151	256	341	427	492	1,032	696
14	Nervous System								
	(a) Epilepsy . . . . .	67	41	13	8	80	49	65	45
	(b) Other . . . . .	48	44	43	22	91	66	275	214
15	Psychological : . . . . .								
	(a) Development . . . . .	155	125	58	38	213	163	585	451
	(b) Stability . . . . .	122	73	73	47	195	120	703	510
16	Abdomen . . . . .	60	54	55	29	115	83	180	102
17	Other . . . . .	54	66	99	61	153	127	546	335
Total No. of Defects found . . . . .		5,032	4,298	5,671	4,749	10,703	9,047	15,419	11,466
Percentage of total defects . . . . .		47.0	47.5	53.0	52.5				

(1958 figures in italics).

## Orthopaedic Defects

Defects of posture and feet constitute the bulk of these within this category. The statistics produced year by year are the personal opinions of the medical staff and with the wide variation in the School Medical Officers' opinion of what is normal it is difficult to compare the figures for the different years. Only a small proportion of the orthopaedic conditions recorded were receiving treatment when the children came for inspection and this was particularly so with those of posture and the feet. Of the total of 1,892 of these defects which were considered to require treatment only 152 were actually receiving it. This was most marked in the infant group, though the number referred in that group was considerably smaller than those from the other age groups.

Much is attempted in the schools to remedy these defects, especially in the Secondary Schools where the Physical Education staff have paid particular attention to these children and in addition sheets of instructions for home use have been given on occasion by the Medical Officers to some of these children.

The County Organizers of Physical Education have very kindly given the following short report on remedial work in the schools :—

“ It is now generally accepted in the physical education profession that treatment for most habitual postural defects is best carried out through mobilizing and strengthening movements closely allied to the modern work in



the schools. The opportunity for climbing, hanging, twisting, and leaping without the restriction of clothes and shoes has helped very much in the general physical development of the child but there are still certain cases that must have special treatment.

The most needy of these are the asthmatics and classes for these children are held in the clinics.

<i>Area.</i>	<i>No. of children treated.</i>	<i>No. discharged.</i>
Barnet . . .	37	17
Boreham Wood . . .	42	12
Watford . . .	24	12
Dacorum . . .	9	1
Mid Herts . . .	21	1

Classes for foot defects have been held for 85 children and for postural defects for 100 children. Visits have been made to 11 schools in Barnet, 6 in Boreham Wood, and 10 in Watford, for regular treatments and talks have been given to 10 groups of parents."

Reference has been made for many years to the probable relationship between certain defects and the shoes that children wear. An attempt was made in September to try to ascertain any factual relationship between the different types of shoes and the defects found in children's feet. Almost 6,000 Secondary School children were examined and the shoes worn at school inspected. An endeavour was also made to find out what other types of shoes were used at home, in play, and otherwise. It was unfortunate, from the point of view of the survey, that September last year was a very warm, dry month, and as a result most of the girls seen and quite a proportion of the boys, were wearing the lightest and simplest of shoes. Of the 2,893 boys examined, 2,061 were wearing laced shoes and of the 3,076 girls, 2,585 were wearing other than laced shoes or sandals, i.e., mostly "casuals" of one type or another. It was impossible to establish any relationship between shoe and defect. It was established, however, that most of the girls wore different shoes outside school, and that here too the selection worn was so varied that it was impossible to show any relationship between the type of shoe worn and the fitness of the foot.

The head teachers were most co-operative over this survey and it is hoped to carry out another one in the last few months of 1960. In the meantime it can, however, be said that defects of the feet were considerably fewer among the boys.

### **Ear, Nose, and Throat.**

Defects of the ear, nose, and throat, continued at a very high level. 1,229 were either having, or were recommended for treatment during 1959, and 3,160 mentioned for observation at a later inspection. About half of the 1,229 were found among entrants and 240 of these seen then were not already having treatment.

Otitis media, less common than in previous years, was recorded in 643 children, seventy-three of whom were referred to the Family Doctor for treatment. Happily, middle ear diseases with modern antibiotic therapy seldom become the chronic conditions they so frequently were in the past. However, hearing defects can be caused by this infection and treatment should be given as soon as possible and continued for as long as required. These defects can arise in other ways too, and it is of the utmost importance that a child suspected of even the smallest degree of deafness should be carefully followed up. The younger children are seen at the various Teaching Hospitals or at the Audiology Unit at the Throat, Nose, and Ear Hospital, but many of the older children living further from London are referred to the Tewin Water School for the partially deaf to be tested by the pure-tone audiometer.



Mr. Simpson, the Peripatetic Teacher of the deaf who took up his duties in the autumn, carries out these tests there and as he is now visiting different parts of the County can often, with a portable audiometer, test the children in their own areas.

Most of the defects in this category were conditions of the nose and throat. Many operations are still carried out for the removal of tonsils and adenoids but in only one or two towns in the County was there a long waiting list for this treatment.

In spite of a long dry summer some of the medical officers recorded that catarrhal conditions in the autumn and early winter were as numerous as ever.

### SKIN DISEASES.

Conditions of the skin warranting comment by the Medical Officers still continued to come within the categories of eczema during early school life and warts and athletes foot in the Secondary School age group. Eczema is frequently with an associated asthmatical condition, a psychosomatic complaint which can be very difficult to deal with.

Plantar warts were reported from many parts of the County, occasionally in outbreaks with up to fifty or sixty cases in a school. This infection, with its long incubation period, is not easy to eradicate, even when an outbreak has been brought under control.

Impetigo in fifty children, scabies in two, and ring worm in six were skin conditions which with their low incidence were still following the lines of recent years.

### VISION.

The defects of vision were once again the most numerous of those recorded by the Medical Officers. During the past five years, there has been a marked increase in the numbers referred for treatment from school inspections, the following Table giving the details since 1950.

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
1,321	1,384	1,142	1,171	1,710	2,618	2,987	2,781	2,924	3,377

The first big increase occurred in 1954 ; a year when there was the transfer of the third routine examination from the last year in the Primary School, to the first year in the Secondary School, that is not only were the children a year older when examined, but also this new age group included a number who had come from Private Schools. Reference has been made by several Medical Officers to the high percentage of children from Private Schools who show visual defects. This may well be because a routine medical examination is not a regular occurrence in the life of all Private Schools.

In 1955, however, as the figures show, this increase was even greater than between 1953 and 1954, and the figure remained high over the following three years, to reach its highest level last year, when the number with these defects were almost twice as great as in 1954, even though the percentage increase in the number of children inspected in 1959 was only 36 per cent greater.

It is difficult to put forward any concrete reason for this continued increase in the number of visual defects. It has been discussed with the Head Teachers and the offer by a number to carry out annual vision testing is welcomed. This increase shows most markedly in the Secondary School age group and it is hoped that during the coming year arrangements can be made to put a Scheme of annual vision testing of these children into operation.

During the year, there was a slight reduction in the number of Ophthalmic sessions, due mainly to changes and illness among the consultant staff who are provided by the Regional Hospital Boards. The waiting list has again begun to grow, but it is understood that extra assistance will be given in 1960 by the Boards to meet the increased demand.

Parents of children with visual defects are offered an appointment for them at the Eye Clinics, though they are at liberty to use the Supplementary Eye Service. Spectacles recommended are supplied by an Optician on the Executive Council's list and paid for on behalf of the Hospital Boards by the Hospital Management Committees in the area.

### School Ophthalmic Clinics.

Centres	No. of Sessions	No. of Defects dealt with		No. of pupils for whom spectacles were prescribed	Attendances
		Errors of Refraction, including Squint	Other Defects		
<i>North Herts.</i>					
Hitchin . . . .	39	451	—	123	462
Stevenage . . . .	47	546	—	162	538
	86	997	—	285	1,000
<i>East Herts.</i>					
Hertford . . . .	84	519	—	245	724
Bishop's Stortford . . . .	25	166	1	84	227
Buntingford . . . .	4	28	12	22	66
Waltham Cross . . . .	36	425	1	200	624
	149	1,138	14	551	1,641
<i>Mid Herts.</i>					
Hatfield . . . .	34	327	—	180	448
Welwyn Garden City . . . .	39	409	—	205	601
	73	736	—	385	1,049
<i>St. Albans.</i>					
St. Albans . . . .	108	1,530	—	517	1,551
Harpenden . . . .	27	252	—	107	273
Boreham Wood . . . .	44	430	—	205	618
	179	2,212	—	829	2,442
<i>South Herts.</i>					
East Barnet . . . .	44	272	4	199	500
Barnet . . . .	43	251	—	163	565
	87	523	4	362	1,065
<i>South-West Herts.</i>					
Watford . . . .	240	1,667	48	585	1,817
Rickmansworth . . . .	18	174	2	58	175
	258	1,841	50	643	1,992
<i>Dacorum.</i>					
Berkhamsted . . . .	10	142	—	51	156
Hemel Hempstead . . . .	43	527	—	135	564
	53	669	—	186	720
Grand totals for the whole County . . . .	885	8,116	68	3,241	9,909

### ORTHOPTIC SERVICE.

The satisfactory staffing position of 1958 did not continue throughout 1959. The Orthoptist in the North Herts Division returned to hospital work and it has still not been possible to replace her. The vacancy at the end of 1958 in the



south and middle of the County was filled after a gap of three months. However, this Orthoptist also left at the end of the year to take up a post nearer her home.

Although there was thus a reduction of 250 sessions in the total for the year compared with 1958, there was a gratifying increase in the number of children discharged as improved or cured.

Two of the Orthoptists have given reports on their work. Miss Gilley refers to the unfortunate situation which arises when it is not possible for both the Ophthalmologist and the Orthoptist to be in the building at the same time. Orthoptists should work in close touch with the Ophthalmologists and under their general supervision.

It is not easy with different Consultants attending the Eye Clinics and the Orthoptists visiting several towns in the course of their duties each week, to get both Consultant and Orthoptist into the same place at the same time. Furthermore, there are restrictions in space in most of the Health Centres, not only in the older ones, but also in those built since the war because of the need when buildings are being planned to justify the full use of every room.

Miss Davie mentions the number of under fives who attend. It is of the utmost importance that children with squints should be referred to the Ophthalmologist as early as possible so that any vision present in the affected eye should be retained and also that through orthoptic treatment later cosmetic operations may be unnecessary.

Miss Gilley reports—

“ The year 1959 has proved busy at all clinics, though in March there was a slack period at St. Albans.

From May until the end of the year, in addition to St. Albans, Hemel Hempstead and Ware, Welwyn Garden City and Stevenage were added to my area.

The liaison between the School Clinic and the St. Albans City Hospital has been excellent, more children are being referred to the Hospital for surgery and many patients are referred to the Orthoptic Clinic.

The one great difficulty at all clinics, except St. Albans, is that of the lack of communication between surgeon and orthoptist : neither letters or the telephone are entirely satisfactory. The ideal situation is to have surgeon and orthoptist in a clinic at the same time, together with any patients about whom there are queries.”

Miss Davie reports—

“ *Watford.*

The year 1960 has shown a steady flow of new cases, most of whom have been dealt with at once with little or no waiting list. The tendency again has been for a great number of cases to be under school age—all the younger children have not been mature enough to start treatment to establish good binocular vision, but they have at least had their occlusion treatment of the straight eye started at once—a large number of these children have started school reasonably straight, some with surgical help, of great benefit to them psychologically.

*Oxhey.*

This Clinic started in June with three sessions, later reduced to two, has benefitted the Oxhey residents and has necessitated far less travelling for them. All Oxhey cases have been transferred from the Watford Clinic and only return there for check up by the Ophthalmic Surgeon.

Children needing operation from both Clinics have found it a more tolerable experience now the eyes are not bandaged, and indeed so have their parents.”

# Orthoptic Clinics

Centre	Sessions	ATTENDANCES FOR 1959				NUMBER DISCHARGED		Number of cases awaiting preliminary examination as at 31st December, 1959	Waiting list of new cases for regular treatment as at 31st December, 1959
		Pre-liminary	Treat-ment	Observa-tion	Total attendances	Improved or cured	Unsuitable unco-operative and left district		
Watford . . .	383	131	988	1,647	2,766	38	18	10	—
St. Albans . . .	141	105	96	458	659	12	7	6	2
Hatfield . . .	69	53	140	178	371	27	9	—	—
Hemel Hempstead . . .	172	101	121	663	885	32	16	—	—
East Barnet . . .	45	17	39	88	144	2	—	—	—
Barnet . . .	65	29	112	104	245	14	3	—	—
Waltham Cross . . .	150	38	221	231	490	25	13	—	—
Ware . . .	76	46	62	237	345	7	5	—	—
†Hitchin . . .	37	10	70	38	118	2	3	—	—
Stevenage (Peartree) . . .	82	33	158	194	385	—	—	—	—
†Stevenage (High St.) . . .	22	18	21	17	56	—	—	—	—
Welwyn Garden City . . .	107	42	96	289	427	22	19	—	—
Boreham Wood . . .	98	144	192	181	517	49	39	12	—
*Oxhey . . .	69	22	223	213	458	13	2	2	—
Totals . . .	1,516	789	2,539	4,538	7,866	243	134	30	2

\* Opened.  
† Closed 7.5.59.



### SPEECH THERAPY.

During the year, one whole and one part-time Therapist resigned, but both vacancies were filled. The position with Speech Therapists in Hertfordshire is very satisfactory compared with many other areas, though this is partly due to the presence in the County of a number of married Therapists who are willing to give part-time service. Mr. Willmore, the senior Speech Therapist who is also on the staff of Guys Hospital, has given the following report—

“ Throughout the year there was a general increase in the number of sessions held, and the number of patients attending Speech Clinics. An increase over 1958 of 131 sessions and 775 attendances is recorded. The total number of attendances rose to 13,851 and waiting lists were slightly reduced.

The majority of cases seen are developmental disorders of language or articulation which ultimately achieve normal standards. A small number are complex problems of neurological or psychological origin, in which the speech difficulty is part of a general developmental disorder. These cases require careful diagnosis, and are sometimes referred to other specialists also.

The problem of the stammering child still remains a constant challenge. When this disturbance persists, it is usually maintained by environmental stresses of one kind or another, and any attempt to treat the symptom is frequently unavailing or even harmful. The service of the Speech Therapist, however, is valuable in supporting and encouraging the child and, where possible, preventing ignorant or unsuitable handling.

Supervision of clinics and discussion of difficult cases, is carried out by the Senior Speech Therapist as far as possible, but this is already inadequate due to increase of numbers and more time will need to be made available for this purpose in the near future.”

It is hoped that additional time will be able to be provided during 1960.

The Table appearing on p. 16 gives details of the work done at the various Speech Therapy Clinics in the County during 1959.

### TUBERCULOSIS.

The number of school children notified as suffering from pulmonary tuberculosis decreased slightly—32 in 1958, to 29 in 1959. The non-pulmonary decreased too from 6 to 4. Approximately half the cases from non-pulmonary tuberculosis are considered to be of bovine origin and as the milk supply in the County has been pasteurised for the past few years, this decrease should continue.

Although the pulmonary notifications remained at much the same level as in 1958, a proportion of the notifications related to children with only minor conditions of the chest, conditions which are now treated with anti-biotic drugs, but which hitherto would merely have been observed over the years and probably not notified. A number of this total too, were children who had been found to be positive to the skin test carried out during the B.C.G. campaign among the 13-year-old children in the schools and considered to require active treatment.

In addition, 37 cases notified elsewhere (32 pulmonary and 5 non-pulmonary), came into the County. This figure showed an increase over 1958, when there were 24—23 pulmonary and 1 non-pulmonary—cases.

Particular attention was paid to the notification of persons in schools, pupils, teachers, or other staff. Unless it was known that the infection came from outside the school and that the case was non-infectious or the Chest Physician was satisfied that the school children were unlikely to be affected, those in the class or the school were offered a skin test.

Three schools were visited during the year, in two cases because of the notification of a teacher and the third a pupil. 880 children were tested and those who were positive to the test were referred to the Chest Clinics for any further action thought necessary. In the Junior School visited, very few were found to be positive, but two of these children have been retained under



## Speech Therapy Clinics.

Clinics	Sessions	Attendances	On books at 1st January, 1960		Waiting List of new cases on 1st January, 1960
			Under treatment	Under observation	
<i>North Herts.</i>					
Stevenage (27 High Street) . . .	51	295	9	15	12
Stevenage (Peartree Spring) . . .	45	236	25	6	—
†Stevenage (Bedwell Infants School) . .	53	350	12	2	3
Hitchin . . .	45	210	19	15	—
Letchworth . . .	46	231	20	13	—
Royston . . .	45	197	5	5	—
<i>St. Albans.</i>					
St. Albans (Wellington Court) . . .	217	1,001	36	41	4
St. Albans (New Green) . . .	38	203	14	8	5
Harpenden . . .	67	438	15	9	—
Boreham Wood (Principal Health Centre) . . .	96	490	17	9	6
Boreham Wood (Greenacres) . . .	94	496	25	14	9
Boreham Wood (Saffron Green Annexe) . . .	121	593	24	12	5
* <sup>1</sup> London Colney . . .	26	127	8	3	3
<i>Dacorum.</i>					
Hemel Hempstead . . .	44	294	23	23	11
Berkhamsted . . .	45	237	9	4	2
Adeyfield . . .	58	209	14	12	2
* <sup>2</sup> Bennetts End . . .	35	136	14	2	—
<i>Mid Herts.</i>					
Welwyn Garden City	87	632	44	19	7
Hatfield . . .	87	617	52	13	1
<i>South-West Herts.</i>					
65 Queen's Road, Watford . . .	172	975	49	34	13
Harebreaks, Watford . . .	52	344	15	4	5
Oxhey . . .	174	767	33	14	10
Rickmansworth . . .	42	394	8	10	9
Garston Manor School . . .	36	355	19	—	4
<i>South Herts.</i>					
High Barnet . . .	199	1,273	37	36	7
East Barnet (Church Farm) . . .	90	514	14	24	1
East Barnet (John Hampden Annexe)	43	173	4	7	7
<i>East Herts.</i>					
Waltham Cross . . .	84	395	24	16	—
Hoddesdon . . .	53	241	15	18	—
Rye Park . . .	38	230	15	7	—
Broxbournebury School . . .	36	232	11	2	—
Ware . . .	38	195	16	4	—
Bishop's Stortford . .	70	314	15	11	—
Hertford . . .	94	457	22	25	1
	2,521	13,851	682	437	127

† Opened 20.2.59.

\*<sup>1</sup> Opened 20.5.59.\*<sup>2</sup> Opened 22.5.59.

observation by the Clinic. The findings in the two Secondary Schools where there were 148 positive re-actions were coloured by the fact that more than half of these positive children had had B.C.G. vaccine previously. Nothing of significance was found in the X-ray reports of the reactors.

During 1959 the Ministry of Health extended the B.C.G. vaccination scheme which had hitherto been confined to the 13-year-old age group and to child contacts of tuberculosis, to children of 14 years of age and upwards who are still at school, and to students at Universities, Teachers' Training Colleges, Technical Colleges, and other establishments of Further Education.

The following Table shows the numbers dealt with under the B.C.G. Vaccination Scheme in 1959—

	<i>13 year olds.</i>	<i>Over 13 years of age.</i>	<i>Total.</i>
Tested . . . . .	8,357	263	8,620
Found positive . . . . .	836	24	860
Vaccinated . . . . .	7,157	233	7,390

## OTHER MEDICAL EXAMINATIONS.

### (1) Entrants to Teachers' Training Colleges.

Local Education Authorities are required to arrange for the medical examination of (i) Training College candidates resident in their areas and (ii) persons entering the Authority's employment as teachers who had not taken a course under the Training of Teachers' Regulations and had not passed a medical examination.

During 1959 the School Medical Officers examined 332 Training College candidates and 189 teachers in category (ii). A chest X-ray of each teacher is compulsory. Training College candidates are advised to have a chest X-ray before entering College. At the finish of their training they are also medically examined by the General Practitioner attending the Training College and X-rayed.

Examination of category (ii) cases is regarded as very important and they should always have this examination before they take up duty as it is not unknown for those already in employment to be found to be suffering from tuberculosis at this examination.

### (2) Employment of Children—Byelaws.

Children in employment out of school hours come within the scope of these Byelaws and are medically examined before starting work.

In 1959, 1,589 pupils were examined, of whom five were found to be unfit to undertake the employment proposed.

## TREATMENT OF CHILDREN ATTENDING INDEPENDENT SCHOOLS.

### Education Act, 1944—Section 78 (2).

As speech therapy and orthoptic treatment are not otherwise easily available in the County, the Education Committee have agreed to accept children from independent schools in their speech therapy and orthoptic clinics.

During 1959, 21 children made 245 attendances at the speech therapy clinics and 4 children made 21 attendances at the orthoptic clinics, from 22 independent schools.

## THE SCHOOL DENTAL SERVICE, 1959.

The Principal School Dental Officer reports :—

The staffing position in the School Dental Service in Hertfordshire has improved slightly during the year. In December, 1958, the operating staff consisted of 5 whole-time Dental Officers and 27 part-time Officers whose



combined strength was equivalent to 147 sessions per week. At December, 1959, this figure had improved to 7 whole-time and 28 part-time officers and corresponded to 178 sessions per week. Of these totals, 4 sessions per week in 1958 and 6 sessions per week in 1959 were evening sessions undertaken by full-time staff. It should be mentioned that these figures are comparisons at a certain time in each year and are not representative of the average position over the whole year. An accurate comparison of the relative staffing positions is shown in the total number of sessions worked. Whilst in 1958 the total sessions carried out was 6,818, in 1959 this figure had improved to 7,712, thus representing an increase of approximately 13 per cent.

During the year, 3 full-time officers, one of whom was an Orthodontist, joined the staff and 1 full-time officer transferred to a part-time post upon reaching retiring age. The usual movement in and out of the service amongst sessionally paid Dental Officers was experienced. Of the total of 10 part-time Dental Officers who joined the staff, 3 resigned, whilst 7 other officers who had joined the staff in earlier years also left the service.

Two new clinics mentioned in last year's report, namely the Principal Health Centre at Oxhey and the Letchworth clinic, were brought into use. The Oxhey clinic was manned on a basis of  $8\frac{1}{2}$  day sessions and 2 evening sessions per week, whilst treatment at the Letchworth clinic was carried out on 6 sessions per week. Two additional clinics situated at Ware and Hemel Hempstead were brought into use in June. The Ware clinic was equipped with X-ray facilities and served the surrounding areas of Hertford and Hoddesdon with this important diagnostic aid. This brought the total number of clinics at which treatment was available to 32. This figure included one clinic restricted to orthodontic treatment only.

In order to test the suitability of the turbine driven high-speed drill for children's dentistry in general and for local authority clinic practice in particular, an apparatus of this type was installed at the Letchworth clinic. As the results of this trial were satisfactory, the Education Committee took the decision to instal a limited number of high-speed drills in other areas of the County in 1960. Experience with this new drill has shown the absence of bone-conducted vibration to the hearing mechanism as being the most noticeable improvement from the patient's point of view. This type of vibration which cannot be avoided with the conventional electric engine, is most disturbing to the large majority of patients and whilst pain stimuli may be controlled by the use of a local anaesthetic in such cases, the unpleasantness of the vibration remains. A further advantage is the added speed with which a cavity may be prepared as the result of the improved cutting ability at high speed. These factors contribute to a reduction in patient fatigue, discomfort, and trauma. Advantages noticed by the operator are an added degree of control as the result of the light pressures used and an increased efficiency of working.

In March the first full-time Orthodontist took up duties, and in this capacity we welcome Mr. Crawford. Prior to this date, the Orthodontic scheme was organized on a part-time basis only, but the demands for this type of treatment far exceeded the capacity of the limited number of sessions devoted to the work; with the consequence that long waiting lists were built up at clinics at which this treatment was available. Mr. Crawford's services were extended to twelve clinics throughout the County and whilst some small in-road was made upon the lists at a few of the clinics, it was apparent that further substantial assistance was required to deal with the current position and the future demands. With this end in view, the decision was taken during the year to appoint an additional Orthodontist, and it is expected that this further appointment will be taken up in the early part of 1960. This should allow a substantial reduction to be made in the number of waiting patients and would also enable additional areas of the County to receive Orthodontic treatment.

Reference to the statistical table in this report shows a further advance in



the number of inspections carried out and volume of treatment undertaken as compared with the previous year. These increases amounted to 4,991 more children inspected, 2,680 more treated, and an additional 1,168 children made fit. The volume of work undertaken for these patients showed an all round increase of the order of 4,251 fillings, 1,679 extractions, and 530 other operations.

Whilst considering these modest increases, it must not be forgotten that the number of children examined at routine inspections represented only 44 per cent of the school child population and that the present staff of Dental Officers represents less than 50 per cent of the establishment. It is apparent, therefore, that improvement in the staffing position must be achieved if continued progress is to be maintained in a County whose school population has doubled during the last twelve years.

In concluding this report, I would like to record my appreciation of the co-operation and support received from the Dental Staff during the year under review.

### **HANDICAPPED PUPILS.**

In this Annual Report of the School Health Service, emphasis has for a number of years been laid on the handicapped child, though only about one in a hundred of the school population in the County requires special provision within the educational system. The decision that this is required is not usually taken until after a long period of observation of the child's attempt to come to terms with his disability and to develop in the environment of his own home and possibly also in an ordinary school. This decision may reflect an interchange of information between Consultant, Family Doctor, Psychologist, Teacher, and the members of Authority's staff.

Later in this section of the Report is shown the number of children in, or awaiting admission to, Special Schools. It will be seen that most of those who should have this opportunity obtain it. This is, however, not entirely true of the educationally sub-normal, as only as the places become available are many of these children brought forward for consideration.

The opening at Oxhey in the autumn of the Colnbrook School for E.S.N. children, has improved the position there and the provision of a special class for E.S.N. children in a Stevenage School in 1960, should help to lessen the problem in the North Herts Division pending the opening of a Special School.

Although only 1 per cent are officially being given special education, either in boarding or day schools, there are quite a number of physically handicapped children in the ordinary schools where, with the help of their teachers and their school mates, they are endeavouring to lead as normal a life as possible. Mention has been made in previous reports of the thoughtful care and assistance given to these children, some of whom can only manage with the aid of wheelchairs or other special equipment. Reference should also be made to the 70-80 children who have hearing aids and attend the ordinary day schools. Although spectacles have become commonplace articles of wear, there is still reluctance on the part of some children to wear them at school. Much more unusual is it to have a hearing aid and it is pleasant to record that the large majority of the children who have been supplied with one do bring it to school and can be persuaded to use it. It has been felt for some time that though the total hearing loss of these children did not require them to be given special education, many were at a disadvantage in an ordinary school. The appointment of the Peripatetic Teacher of the Deaf will enable more adequate help to be given to these children, both through special tuition by him and by his close liaison with the teachers in the schools. Many are trying to obtain this help by regular visits to the Audiology Unit in London, but this assistance can only be properly given by close contact with the home and the classroom.

During 1959, 43 children were ascertained as ineducable, 28 when approaching school age and 15 after the age of five years and these children



were transferred to the care of the Health Authority. It has been the policy in doubtful cases to admit the children to a Special School, if possible first so that they may be given the chance of showing their suitability for education. Indeed, the Chief Medical Officer of the Ministry in a recent report has stated "admission of these seriously retarded children to a Special School provides their only opportunity of making progress and showing whether they are capable of receiving education at a school. A trial at a Special School is in general their due".

#### NOTES ON INDIVIDUAL CATEGORIES OF HANDICAPPED PUPILS.

**Blind.**—20 at Special Schools ; 2 on the waiting list.

Blind children are ascertained at as early an age as possible. The Royal National Institute for the Blind is consulted whenever new cases are found, in order that advice may be given whether the children should remain at home or be admitted to a Sunshine Home. The Local Education Authority is responsible for the maintenance charges of children from the age of two years.

Occasionally a child is not ascertained as blind until later in school life. One of the two children on the waiting list is such a child who became blind following a brain operation. The surgeon in charge of her case does not now recommend her admission to a Special School until September, 1960. The other child on the waiting list suffers from a physical disability and, although six years of age, is not yet considered suitable for admission to a Special School.

**Partially-Sighted.**—33 at Special Schools ; 1 on the waiting list.

The one child on the waiting list is only four years of age and it is hoped that a vacancy will be available for him in a day Special School in September, 1960.

One other child in this category is receiving home tuition as she is unsuitable by reason of other physical defects for admission to a Special School.

In addition to those mentioned above, there are eleven children on the partially sighted register who attend ordinary schools. All of these children are under regular review by their Ophthalmologist. Ten of these children are making good progress in the ordinary school, but in one case admission to a Special School for partially sighted children may be required at a later date.

Vacancies can usually be found fairly quickly at Special Schools for blind and partially-sighted children.

**Deaf.**—37 at Special Schools ; no waiting list.

The waiting period for residential schooling for deaf children varies between 1-2 terms, but where a child can be fitted into the existing transport arrangements, very little delay is experienced in finding vacancies for them at a Day Special School in London.

**Partially-Deaf.**—19 at Special Schools ; 3 on the waiting list.

Two of the children requiring admission to a Special School for partially-deaf children are on the waiting list for admission to Tewin Water Special School. The third child is under two years of age and is recommended for admission to a Nursery Special School in September next.

One child is having home tuition as she is not suitable for admission to a Special School.

Seventy-nine children have hearing aids and attend the ordinary schools. There are also six children with hearing aids who suffer from other disabilities and are in the appropriate Special Schools. A further eleven children under the age of five have been supplied with hearing aids.

In some cases, the hearing aid provided under the National Health Service does not meet the need of a particular child and in these cases, the Local Education Authority has been able to meet the cost of the special hearing aid recommended by the Audiology Unit. Three children were helped in this way during 1959.



**Physically Handicapped.**—21 in Special Day Schools ; 58 in Boarding Schools ; 10 on waiting list.

Two of the children in Special Day Schools attend at the Elmfield School for Physically Handicapped Children in Harpenden. The remaining nineteen attend London or Middlesex Day Special Schools, transport being provided to take them from three main centres in Hertfordshire near the Middlesex border.

Of the ten children on the waiting list :—

- 3 are receiving Home Tuition,
- 3 are attending ordinary schools,
- 1 is attending a Nursery School,
- 1 is in Hospital, and the remaining
- 2 children are unlikely to benefit from Home Tuition.

At the end of 1959, there were forty-nine physically handicapped children receiving “ education under arrangements made by the Authority otherwise than at school ” :—

- 13 are cerebral palsy cases ; 12 attend the Cerebral Palsy Centre and one another centre in London ; the Local Education Authority is responsible for the charges for their attendance. Two of these children are also in Special Schools, one is receiving home tuition, four attend ordinary schools, four are under five years of age, and one has just reached five years.
- 17 are unsuitable for admission to any Special School and are being educated at home.
- 3 are receiving home tuition, whilst awaiting admission to a Special School.
- 16 are short-term medical cases.

One hundred and forty-three physically handicapped pupils have a modified curriculum in the ordinary school. Seventy-two of these are conveyed to school by special arrangements made by the Local Education Authority.

**Speech Defects.**—3 in Special Schools ; 4 on waiting list.

There are only two recognized Special Schools which cater for speech defects in the country and there is, therefore, a long waiting list of children. Two of the Hertfordshire children on the waiting list for admission to these schools have only recently been ascertained and their names provisionally placed on the waiting list in case admission should be required at a later date. Both of these children are under five years of age. The remaining two children are on the actual waiting list and will be admitted as soon as possible. In the meantime, these two children are attending the ordinary school and are having regular speech therapy from the County Therapists.

**Delicate.**—42 in Special Schools ; 5 on waiting list.

The majority of cases in this category are children who have been recommended admission to an open-air school usually for a period of between 6 months to 1 year, although in a few cases, this form of education is extended to cover longer periods.

Vacancies for delicate children can usually be found reasonably quickly, although some difficulty is experienced in finding places for senior boys. The five children awaiting admission have all recently been ascertained as requiring Special schooling and so far, only two vacancies have been obtained. It is hoped that two of the other three will be admitted in the near future. The fifth child, a special case, may have to wait till September, 1960.

**Educationally Sub-Normal.**—131 attending Special Schools ; 96 on the waiting list.

It was reported last year that the waiting lists for the E.S.N. Schools were longer than they had been for some considerable time and that children might wait eighteen months or longer for a place. The opening of Colnbrook E.S.N. School in October, 1959, has considerably improved the position and although the new Stevenage School will probably not be ready for use until September, 1961, the Stevenage Special Class to be started in April, 1960, will absorb junior



sub-normal children from Stevenage and Hitchin. There is, however, still a waiting list for Garston Manor School and the proposed Special School at St. Albans will be very welcome for children in the middle and west of the County.

**Maladjusted.**—177 attending Special Schools ; 35 on waiting list.

Of the thirty-five children shown as being on waiting lists, fourteen have refused vacancies. The general position remains much as it was last year ; the two main needs are still for suitable schools for girls and boys in their 'teens and places for very severely disturbed children who may be too disruptive for a school and yet cannot be offered places in hospital units.

The new classroom wing at Boxmoor House School should provide very useful day accommodation for senior boys and it is hoped that it will be opened at Easter, 1961.

**Home Tuition.**—As will be seen from the notes on the previous categories, there are a number of children for whom a vacancy in a Special School is being sought, but in the meantime, tuition at home has been arranged. There are others who are considered not suitable for admission, even to a Special School. Seventy-four children are receiving tuition at home and thirteen handicapped children attend Special Centres for their tuition. One child is included in both of these sections.

The amount of tuition given, varies between 5 and 10 hours weekly.

### LEAVERS SURVEY.

Education is largely the preparation for life as an adult within the community and the assessment of the success or failure of the provision made for the handicapped can to some extent be seen in their ability to undertake work after they leave school. It may be, therefore, of interest to note the results of a survey of boys and girls who either left Special Schools or discontinued Home Tuition on attaining leaving age during the school year ending last July. Though the numbers are not great, it is gratifying to see that only five were admitted to Mental Deficiency Hospitals and one to Guardianship under the Mental Deficiency Acts, and that three of the maladjusted became apprentices.

	<i>Educa- tionally sub- normal.</i>	<i>Deaf.</i>	<i>Partially deaf.</i>	<i>Delicate.</i>	<i>Physically Handi- capped.</i>	<i>Mal- adjusted.</i>	<i>Aphasia.</i>	<i>Total.</i>
Apprentice . . . . .		1				3		4
Agricultural Labourer . . . . .	4							4
Canteen Assistant . . . . .	1							1
Carpenter . . . . .	2		1			1		4
Clerical Worker . . . . .		1		2	3	1	1	8
Domestic . . . . .	4							4
Factory Hand . . . . .	12				1	1		14
Fashion Model . . . . .							1	1
General Labourer . . . . .	8					1		9
Garage Hand . . . . .				1		1		2
Hairdresser . . . . .				1				1
H.M. Forces . . . . .						1		1
Laundry Worker . . . . .	1							1
Machinist . . . . .	6	1				1		8
Packer . . . . .	5							5
Painter . . . . .		1						1
Shop Assistant . . . . .				1		2		3
Storekeepers Assistant . . . . .	1							1
Tailor . . . . .		1	1					2
Further Education . . . . .						1		1
Ministry of Labour Rehabil- itation . . . . .	1							1
Sheltered Workshop . . . . .	1							1
M.D. Institutions . . . . .	5							5
M.D. Guardianship . . . . .	1							1
Unemployable . . . . .	1				1			2
Left County . . . . .	1							1
Totals . . . . .	54	5	2	5	5	13	2	86



### RECUPERATIVE HOLIDAY HOMES.

In past years, the placing of Hertfordshire children in Holiday Homes was undertaken by the Invalid Children's Aid Association. This service was, however, withdrawn in September, 1958, and arrangements for admission are now undertaken direct with the Homes concerned. Children are normally admitted for a period of four weeks, but a few are away for longer periods and can remain under these arrangements for up to three months. Seventy-four children were recommended during 1959, and the table below shows details of their conditions :—

Debility and malnutrition . . . . .	38
Chest conditions . . . . .	20
Ear, nose and throat conditions . . . . .	8
Other conditions . . . . .	8
	<hr/>
	74
	<hr/>

There is a resident nursing staff at each Holiday Home and also a Medical Officer on call. Education is not provided in these Homes and the child requiring a longer care is ascertained and admitted to a residential open-air school as a handicapped pupil.

The Authority has also been able to send away for a brief holiday two diabetic children to a centre run by the British Diabetic Association.

All children are seen on their return home by the doctor who originally made the recommendation and almost invariably, there has been marked benefit.

### CHILD GUIDANCE SERVICE.

The Mental Health Act came on to the Statute Book in 1959, some two years after the Royal Commission on Mental Illness and Mental Deficiency made their report to Parliament. The quickness of this action by the Government showed the importance attached to the need to bring the legislation of the past into greater alignment with the considered opinion of the present. Although it may seem at first sight that this Act has, apart from its inclusion of the sub-normal child in its contents, little to do with the child in its ordinary school life, it should be recognised that the foundations laid during the early years of development play a considerable part in the effects resulting from the stresses which may arise with the adult, with a consequent re-action on the mental health of the next generation.

Profound basic anxiety in early life can be driven "underground" and show itself later at times of strain in adolescence or in adulthood.

To meet the requirements of recent years, more Child Development Clinics of the type in Welwyn Garden City are needed elsewhere in the county and it is hoped to be able to extend this aspect of the Preventive Services during 1960. The pre-school and school children with their many facets of mental disturbance come within the more usual procedures of the Child Guidance Clinic. In the reports of the past years, Dr. Lucas, the Medical Director of the Service, has shown very fully and clearly the part the Service plays in its attempts to assist these children and their parents. This year she has stressed some of the difficulties of the Service. Reference has been made to the waiting time both by members of the Medical and the Teaching staff in the County. Dr. Lucas has in her report clarified some of the present misconceptions of the difference within the Service between the school psychological work and the full child guidance team work and also mentions the wide field of in-service training which is now included in this Service.



*Report by Dr. Lucas :—*

“ The prologues to my reports on the Child Guidance Service are made, quite rightly, by ‘ user bodies ’ who see the Services from the outside. In the report of 1958, this introduction dealt with only two topics, namely the considerable length of our waiting lists and the importance of other workers concerning themselves with Mental Health problems. The latter suggestion is regarded by us as so important that we are prepared to co-operate to the limit of our time and capacity. If, however, we are to do so on the basis of mutual understanding, the matter of waiting lists, stressed throughout the preface, warrants clarification. To this end we have, for the past year, analyzed our figures on a different basis from that formerly used.

I propose to deal with this in two parts :—

1. *School Psychological Service.*—This service is solely the responsibility of the psychologists, with whom the head teacher makes direct contact, many children being seen in the schools. In the past, we have been unable to compete with London and the Home Counties in the conditions which we could offer to this group. The situation became highly critical at the end of 1958, when two of the three psychologists left and no replacements were forthcoming. For the greater part of 1959, the whole psychological work of the County had to be undertaken by one full-time psychologist with two part-time locums. For the time being, the full clinic cases had, to a large extent, to take priority. The School Psychological Service has, therefore, inevitably suffered, as is shown by the reduction of cases seen from 1,481 in 1958, to 235 in 1959. Thanks, however, to the co-operation of the County Health and Education Departments, our present arrangements for psychologists are now comparable with those of other counties and, moreover, our establishment has been increased from three to six full-time. By 1st January, 1960, four of these were already on the staff. During this year, therefore, we expect not only to deal with arrears, but also to expand the service.

2. *Full Clinic Cases.*—We are concerned here with children showing emotional behaviour and psychosomatic disturbances of a wide range of type and severity. We are also concerned with their families and total environment. It is usually to this group that complaints of long waiting lists refer, and I have recently heard, from more than one quarter, that our waiting lists are said to be 2–2½ years long ! The facts are as follows :—On 31st January, 1959, cases awaiting investigation were 99 ; cases with investigation incomplete 158 ; and waiting treatment 101. On 31st December, 1959, the comparable figures were 62, 149, 55. The number receiving some clinic service during the year was 1,516 and the number of referrals and re-referrals was 562.

The largest group, ‘ investigation incomplete ’, contains all those families who, for various material reasons, e.g., illness, or both parents working, are unable at a given time to accept clinic appointments. It also contains a high proportion of unwilling parents, some themselves suffering from neuroses or even psychoses. In this group are most of the parents who fail either to keep or cancel appointments and it is not unknown for a family to delay eighteen months or more before accepting investigation, thus swelling our ‘ waiting list ’ for long periods. There are also children with possible organic defects, e.g. the young child whose apparent retardation and schizoid tendencies may be due, at least in part, to some degree of long-term deafness. When an accurate differential diagnosis cannot be made without examination by other specialists, it may be some few months before we receive the reports required to make our investigations complete. Of the remainder, many are the more straight-forward cases in which full examination is delayed as it seems possible that, as Dr. Colman indicates in the 1958 report, the P.S.W. can ‘ solve the problem ’ without investigation of the full clinic team. In short, this group, which in December, 1959, comprised 56 per cent of the so-called ‘ waiting list ’, is almost wholly



composed of families who are receiving either as much service as they are willing and able to accept or as much as, for the time being, they require.

With a weekly referral rate of 12·5 cases, the number genuinely awaiting diagnostic service represents, on 31st January, 1959, an average waiting period of just over eight weeks and barely five weeks on 31st December, 1959. This latter figure is amply confirmed by the fact that 63 patients were referred *during* December and on 31st December, 1959, only 62 in the whole County were waiting investigation.

The treatment waiting list of 101 on 31st January, 1959, and 55 on 31st December, 1959, represents respectively 6·7 per cent and 3·6 per cent of the total number of children who have received some clinic service during the year. It is also only 8·4 per cent of all the new cases referred in 1959.

If the implications of these three categories and the figures involved are fully grasped, the present method of analysing intake will, it is hoped, give a more correct picture than formerly of the state of the Child Guidance Service which, in keeping pace with demands, is working far more satisfactorily than has often been assumed. The position has been described here in some detail in order to provide a background for constructive criticism and informed co-operation, and here a word of warning is not untimely. The efficiency of a Child Guidance Service is dependent not only on the calibre of its total staff—professional and lay—but also on the appropriateness of the demands made upon it. In a clinic, time can be used ineffectively in two main ways :—

1. By commencing work with families whose agreement to attend the clinic proves at an early stage to be only lip service.

2. By inaccurate assessment of the capacity of the child *and* its parents to accept regular treatment, or faulty judgement as to the right moment for treatment to commence. The criteria on which decisions must be based are often very complex, and provide one of the most exacting tests of psychiatric ability. I am happy to say that the present staff show this ability to as high a degree as I have known anywhere and at any time, but with changes of staff, this may not always be the case. The diagnostic examination still takes a long time, but it is our only safeguard against wasting far more time at a subsequent stage. Moreover, when a child and its parents are given sufficient time and opportunity to work through their problems at the first clinic visit, it is by no means uncommon for even long standing difficulties to be relieved completely by the one diagnostic session.

With regard to the demands made upon us, there is a definite improvement in certain respects. It is now rare for there to be a significant time-lag between referral forms being filled in and their receipt by the clinic. This saves us from having to deal with enquiries about patients of whom we have not yet heard. It seems, too, to be more commonly accepted that the severe 'problem' families about whom other workers have particular anxieties, are the ones who are most likely to postpone clinic attendance. We try to maintain contact with the workers concerned and seldom have now to answer routine enquiries about these families. There are still, however, too many cases in which acceptance of clinic investigation as indicated by referral, has become refusal even a fortnight later and one questions whether some reluctant parents are being over-persuaded. According to parents' statements there is, too, an occasional pre-judgement of clinic diagnosis. A chance remark such as 'The Clinic may feel he would do better at boarding school', may effectively block our contact with a parent whose greatest fear is that the child will be 'put away'. While attention to these points could help us to use our time more effectively, I am glad to say that in choosing cases for referral our colleagues show, in general, excellent judgement. It is to be hoped that nothing that has been said about 'waiting lists' will encourage them to be less discriminating in their selection. If this occurred, we could easily become inundated with case work and one inevitable result would be the reduction of the seminars which



we are conducting and planning. Since we believe that, as time goes on, more and more understanding of all that is contained in the term 'Mental Health' will be expected of other workers, we are particularly anxious to develop this aspect of our Service. The seminars at Watford for head teachers, and at Hoddesdon for health visitors are continuing. One is due to commence early in 1960, at Hill End, for Child Care Officers and Probation Officers, and another at Welwyn Garden City for Health Visitors. A fathers' group is also in progress at Hill End.

The 'School phobias' show no decrease in numbers, and there is little change in the picture as presented last year, except for two interesting points. A few cases have been referred very soon after the 'phobia' commenced—even in the first months of school life. Of these the majority have returned to school immediately after the diagnostic examination, little or no further help being required. It would seem that, in this group, prompt referral is advantageous to all concerned. A higher proportion are now coming via the paediatricians, the main presenting symptoms being sickness and abdominal pain for which no physical cause could be found. The psychopathology of this group is often of a characteristic pattern, expressed in tabloid form by one of our staff as 'Trouble with Mum means trouble in tum'.

Decentralization of our work is proceeding, and during the past year over 80 per cent of all referrals were seen at branch clinics. Since the Watford clinic moved to new premises it has, for the first time, been possible for all the patients for whom this is the easiest journey, to be seen there. As this branch serves a particularly large area, its intake now exceeds that of any other clinic, including Hill End, and it is already finding its new home barely adequate for its needs.

It may seem surprising that accommodation is still, at times, the limiting factor in our extending the work of branch clinics, yet when two of three members of the team do much of their work in the field, when the nature of the work to be done varies from week to week, and when the balance of staff is frequently changing, it is sometimes more economical in manpower to centre more than one team in the clinic on a given day, even though rooms may be unused at other periods. The changing pattern of clinic work, including group therapy and seminars, will also affect future accommodation needs. It is perhaps this challenge of changing patterns and of continuous development which, even after more than thirty years in this field, one can still find so stimulating and rewarding."

### Summary of Child Guidance Cases, 1959.

#### *Full Clinic Cases.*

	<i>0-5 yrs.</i>	<i>5-15 yrs.</i>	<i>15-18 yrs.</i>	<i>Total.</i>
<i>No. of Current Cases, 1959</i>	74	1,386	56	1,516
New cases referred during 1959	27	535	18	580
Old cases referred again	2	63	7	72
Cases brought forward from 1958	45	788	31	864
<i>Total No. of Interviews (inc. after-care)</i>	314	8,754	208	9,276
Psychiatric	76	3,735	131	3,942
Psychological	26	1,215	16	1,257
Psychiatric Social Workers	212	3,804	61	4,077
Total No. of Lectures and Talks during 1959				9
Child Development Interviews during 1959 (P.S.W.)—				
Welwyn Garden City and Stevenage				219

#### *Educational Cases, 1959.*

	<i>Under 5.</i>	<i>5-15 yrs.</i>	<i>Total.</i>
No. of cases referred during 1959	21	333	354
No. of new cases seen	15	220	235
No. of retests			215
No. of follow-up interviews			199
No. of parents seen			175
No. of discussions			35
No. of Home Visits			23



## MILK IN SCHOOLS SCHEME.

The percentage of children drinking milk at maintained schools decreased slightly during the year from 83·5 to 81·44 per cent. Four hundred and thirty-four County Schools and eighteen Nursery Schools are supplied with pasteurised milk; one County Council school in the north of the County has tuberculin tested milk.

Local Education Authorities have to approve the supply of milk to non-maintained schools as well as maintained schools and 129 of these are supplied with pasteurised milk, while three have tuberculin tested raw milk.

Pasteurised milk is subjected to both the phosphatase test, an indication of the efficiency of the heat-treatment, and the methylene blue test which indicates keeping quality. Of 213 pasteurised milk samples obtained during the year, two failed the phosphatase and two failed the methylene blue test. Investigations were carried out at the dairies concerned and further samples were satisfactory.

Raw T.T. milk has to pass the methylene blue test only. Of the sixteen samples obtained during the year, there were two failures, both of which occurred in samples from non-maintained schools. Both these failures occurred during the summer months and were reported to the Agricultural Executive Committee whose Officers are responsible for checking the standards of production on farms. Further samples proved to be satisfactory.

Samples of school canteen milk are also obtained and out of a total of fifty-six samples of pasteurised milk, there were no methylene blue failures, while three samples failed to pass the phosphatase test. Investigations were carried out and in one instance it was found that raw tuberculin tested milk had been delivered to the canteen by mistake and the matter was immediately taken up with the dairyman concerned.

## SCHOOL CANTEENS.

There are 416 school canteens in the County and the percentage of children taking meals in schools is 61·15. There was an outbreak of food poisoning at one of the Secondary Modern Schools during the year which affected 237 children out of some 320 who had had the school luncheon. Teaching and canteen staff were also affected. The symptoms were slight and a thorough investigation showed that the cause of illness was a joint of salted silverside, the remains of which were shown to contain *clostridium welchii* which is one of the food poisoning organisms. As a result of this outbreak, a circular letter was sent out by the Education Department reminding canteen staff of the need for cooking meat in small joints and, if the meat is to be eaten cold on the following day, of cooling it as rapidly as possible and storing it overnight in the refrigerator.

This is the third large scale food poisoning outbreak which has occurred within the last three years and which has been attributed to the presence of *clostridium welchii*. This organism is widely distributed in nature and food poisoning outbreaks associated with it occur when considerable numbers of the bacteria are present in the food eaten. This situation occurs when food has been cooked and is allowed to cool slowly.

## SWIMMING BATHS.

There are two main ways of keeping swimming bath water bacteriologically pure. (a) The continuous flow method, where water is circulated constantly and at the same time filtered and treated with chlorine, and (b) the "fill and empty" method, where there is no circulation of water but free chlorine is maintained at not less than 0·5 parts per million by the addition of hypochlorite solution and the pool is emptied and re-filled after a relatively short period of use.

Forty-two swimming baths are now approved for use in the County. Of the 691 samples which were obtained from the twenty-eight continuous flow type of pool, there were twenty-seven failures (3.9 per cent), of which fifteen were shared between two baths, which are also used by the general public. In both cases, visits were made and certain advice given. A close watch will be kept on these two pools during the next swimming season.

Of the 135 samples taken from "fill and empty" pools, there were ten failures (7.4 per cent). This included three failures from a small pool built by voluntary effort in which certain "teething troubles" occurred owing to a lack of chlorine in the water. The dosage rate was stepped up and for the remainder of the season, the results were satisfactory. A further pool which is fed by spring water and which is chlorinated manually gave poor results during the season and seven out of the fifteen samples obtained were unsatisfactory. This pool is used by one school only once a week, through the courtesy of the owner. If the situation does not improve during the coming season, it may be necessary to withdraw approval for official school use.

Four new pools were completed by Parent/Teacher effort during the year. Two of these were of the "Teaching" type and showed an excellent standard of workmanship while the other two are suitable for more serious swimming and are equipped with continuous circulation systems with automatic filtration and chlorine dosing.



# STATISTICAL TABLES FOR THE WHOLE COUNTY

## Medical Inspection and Treatment, 1959

### *School Population, 1959.*

The average numbers of scholars on school rolls for year ended 31st July, 1959, were :—

Primary School children . . . . .	74,458	75,772
Secondary School children . . . . .	48,098	41,812
	<u>122,556</u>	<u>117,584</u>

The official return to the Ministry of Education for the year ended 31st December, 1959, was as follows :—

Number of pupils on registers of maintained Primary and Secondary Schools (including Nursery and Special Schools) in January, 1960, as in Form 7, 7M and 11 Schools . . . . .	128,515
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NOTE : Tables A, B, and C relate only to medical inspections of pupils attending maintained schools prescribed in Section 48 (1) of the Education Act, 1944.

## Part I.—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	621	604	97·3	17	2·7
1954	11,091	11,009	99·3	82	·7
1953	1,544	1,533	99·3	11	·7
1952	1,539	1,523	99	16	1
1951	8,578	8,526	99·4	52	·6
1950	1,621	1,604	99	17	1
1949	400	394	98·5	6	1·5
1948	3,261	3,222	98·8	39	1·2
1947	9,933	9,853	99·2	80	·8
1946	1,234	1,232	99·8	2	·2
1945	4,905	4,882	99·5	23	·5
1944 and earlier	4,834	4,814	99·6	20	·4
Total . . . . .	49,561	49,196	99·3	365	·7

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

NOTES : Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect. Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	5	89	92
1954	371	1,648	1,863
1953	51	137	158
1952	95	268	322
1951	479	1,141	1,471
1950	110	162	240
1949	43	90	119
1948	298	515	748
1947	851	1,271	1,921
1946	134	171	285
1945	438	589	945
1944 and earlier	502	449	889
Total	3,377	6,530	9,053

TABLE C.—OTHER INSPECTIONS.

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections . . . . .	1,584
Number of Re-inspections . . . . .	24,383
Total . . . . .	<u>25,967</u>

TABLE D.—INFESTATION WITH VERMIN.

NOTES : All cases of infestation, however slight, should be included in Table D.

The numbers recorded at (b), (c), and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorized persons . . . . .	159,277
(b) Total number of individual pupils found to be infested . . . . .	207
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) . . . . .	43
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) . . . . .	



**Part II.—Defects found by Medical Inspection during the Year.**

**TABLE A.—PERIODIC INSPECTIONS.**

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin . . . . .	182	149	309	159	599	326	1,090	634
5	Eyes—								
	(a) Vision . . . . .	427	1,214	940	246	2,010	1,087	3,377	2,547
	(b) Squint . . . . .	311	159	69	12	294	131	674	302
	(c) Other . . . . .	47	46	24	16	120	86	191	148
6	Ears—								
	(a) Hearing . . . . .	23	230	28	46	119	204	170	480
	(b) Otitis Media . . . . .	62	264	31	39	66	181	159	484
	(c) Other . . . . .	19	60	16	20	32	62	67	142
7	Nose and Throat . . . . .	417	1,180	55	102	361	772	833	2,054
8	Speech . . . . .	152	268	12	18	121	146	285	432
9	Lymphatic Glands . . . . .	51	353	—	18	21	152	72	523
10	Heart . . . . .	20	263	9	96	45	269	74	628
11	Lungs . . . . .	154	361	30	98	172	428	356	887
12	Developmental—								
	(a) Hernia . . . . .	14	49	4	6	23	46	41	101
	(b) Other . . . . .	30	311	13	37	105	412	148	760
13	Orthopaedic—								
	(a) Posture . . . . .	73	134	122	128	469	373	664	635
	(b) Feet . . . . .	287	433	184	217	757	626	1,228	1,276
	(c) Other . . . . .	136	410	72	170	219	452	427	1,032
14	Nervous System—								
	(a) Epilepsy . . . . .	22	17	23	6	35	42	80	65
	(b) Other . . . . .	17	125	16	26	58	124	91	275
15	Psychological—								
	(a) Development . . . . .	22	200	55	61	136	324	213	585
	(b) Stability . . . . .	30	252	15	65	150	386	195	703
16	Abdomen . . . . .	47	64	15	24	53	92	115	180
17	Other . . . . .	32	157	21	85	100	304	153	546

TABLE B.—SPECIAL INSPECTIONS.

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin . . . . .	299	4
5	Eyes—		
	(a) Vision . . . . .	55	26
	(b) Squint . . . . .	8	2
	(c) Other . . . . .	15	4
6	Ears—		
	(a) Hearing . . . . .	21	21
	(b) Otitis Media . . . . .	3	11
	(c) Other . . . . .	17	1
7	Nose and Throat . . . . .	33	18
8	Speech . . . . .	50	13
9	Lymphatic Glands . . . . .	1	3
10	Heart . . . . .	5	6
11	Lungs . . . . .	29	16
12	Developmental—		
	(a) Hernia . . . . .	—	1
	(b) Other . . . . .	2	8
13	Orthopaedic—		
	(a) Posture . . . . .	9	6
	(b) Feet . . . . .	18	6
	(c) Other . . . . .	28	13
14	Nervous System—		
	(a) Epilepsy . . . . .	4	3
	(b) Other . . . . .	12	15
15	Psychological—		
	(a) Development . . . . .	61	35
	(b) Stability . . . . .	67	61
16	Abdomen . . . . .	—	—
17	Other . . . . .	299	163

### Part III.—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

NOTES : This part of the return should be used to give the total numbers of :—

- (i) Cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.



TABLE A.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	246
Errors of refraction (including squint) . . . . .	8,691
Total . . . . .	8,937
Number of pupils for whom spectacles were prescribed .	3,425

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear . . . . .	36
(b) for adenoids and chronic tonsillitis . . . . .	697
(c) for other nose and throat conditions . . . . .	23
Received other forms of treatment . . . . .	369
Total . . . . .	1,125
Total number of pupils in schools who are known to have been provided with hearing aids—	
*(a) in 1959 . . . . .	30
(b) in previous years . . . . .	141

\* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments .	277
(b) Pupils treated at school for postural defects . . . . .	142
Total . . . . .	419

TABLE D.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE D OF PART I).

	Number of cases known to have been treated
Ringworm—(a) Scalp . . . . .	2
(b) Body . . . . .	4
Scabies . . . . .	2
Impetigo . . . . .	50
Other skin diseases . . . . .	2,552
Total . . . . .	2,610

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics . . . . .	1,553

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by Speech Therapists . . . . .	1,526

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments . . . . .	106
(b) Pupils who received convalescent treatment under School Health Service arrangements . . . . .	74
(c) Pupils who received B.C.G. vaccination . . . . .	7,390
(d) Other than (a), (b) and (c) above. Please specify :	
Lungs . . . . .	227
Heart . . . . .	37
Rheumatism . . . . .	1
Developmental . . . . .	90
Abdomen . . . . .	118
Other . . . . .	1,888
Total (a)–(d) . . . . .	9,931

**Part IV.—Dental Inspection and Treatment carried out by the Authority.**

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections . . . . .	50,779
(b) As Specials . . . . .	5,216
	Total (1) . . . . . 55,995
(2) Number found to require treatment . . . . .	34,422
(3) Number offered treatment . . . . .	30,930
(4) Number actually treated . . . . .	16,646
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h) . . . . .	50,491
(6) Half-days devoted to :	
(a) Periodic (School) Inspection . . . . .	412
(b) Treatment . . . . .	7,300
	Total (6) . . . . . 7,712
(7) Fillings :	
(a) Permanent Teeth . . . . .	29,153
(b) Temporary Teeth . . . . .	11,807
	Total (7) . . . . . 40,960
(8) Number of Teeth filled :	
(a) Permanent Teeth . . . . .	25,241
(b) Temporary Teeth . . . . .	9,215
	Total (8) . . . . . 34,456
(9) Extractions :	
(a) Permanent Teeth . . . . .	4,344
(b) Temporary Teeth . . . . .	10,700
	Total (9) . . . . . 15,044
(10) Administration of general anaesthetics for extraction . . . . .	5,986
(11) Orthodontics :	
(a) Cases commenced during the year . . . . .	216
(b) Cases brought forward from previous year . . . . .	520
(c) Cases completed during the year . . . . .	96
(d) Cases discontinued during the year . . . . .	57
(e) Pupils treated with appliances . . . . .	717
(f) Removable appliances fitted . . . . .	551
(g) Fixed appliances fitted . . . . .	5
(h) Total attendances . . . . .	4,487
(12) Number of pupils supplied with artificial teeth . . . . .	101
(13) Other operations :	
(a) Permanent Teeth . . . . .	10,073
(b) Temporary Teeth . . . . .	5,005
	Total (13) . . . . . 15,078



# Handicapped Pupils requiring Education at Special Schools approved under Section 9 (5) of the Education Act, 1944, or Boarding in Boarding Homes.

During the calendar year ended 31st December, 1959, how many handicapped pupils :	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. were <i>newly placed</i> in Special Schools or boarding homes? (see Note (1))	4	3	—	9	31	17	94	59	2	219
B. were <i>newly assessed</i> as needing special educational treatment at Special Schools or in Boarding Homes? . . . . .	1	5	1	7	29	14	97	84	3	241

Note.—(i) Where appropriate, pupils should be included under both A and B.

(ii) B should *not* be restricted to those pupils for whom a certificate on Form 1 H.P. was issued, but should include all who were considered to need a place in a special school or boarding home.

On or about 22nd January, 1960, how many handicapped pupils from the Authority's area :	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. (i) were on the registers of										
1. maintained Special Schools										
(a) as day pupils . . . . .	—	10	4	4	—	19	241	7	—	285
(b) as boarding pupils . . . . .	1	4	5	29	10	—	176	66	—	291
2. Non-maintained Special Schools—										
(a) as day pupils . . . . .	—	—	—	—	—	2	—	—	—	2
(b) as boarding pupils . . . . .	19	19	16	6	26	50	5	11	11	163
(ii) were on the registers of independent schools under arrangements made by the Authority . . . . .	—	—	12	10	6	8	9	91	—	136
(iii) were boarded in Homes and not already included under (i) or (ii) (see Note (2)) . . . . .	—	—	—	—	—	—	—	2	—	2
Total C . . . . .	20	33	37	49	42	79	431	177	11	879
D. were being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals . . . . .	—	—	—	—	72	—	—	—	—	72
(ii) in other groups (e.g. units for spastics) . . . . .	—	—	—	—	—	13	—	—	—	13
(iii) at home . . . . .	—	1	—	1	—	37	14	19	2	74

E. were requiring places in special schools—										
(i) Total (a) day . . . . .	—	1	—	—	—	1	45	1	—	48
(b) boarding . . . . .	2	—	—	3	5	9	51	34	2	106
Please state how many pupils are included in the totals above—										
(ii) who had not reached the age of 5 :—										
(a) awaiting day places . . . . .	—	1	—	—	—	—	—	—	—	1
(b) awaiting boarding places . . . . .	—	—	—	1	—	1	—	—	—	2
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a special school :—										
(a) awaiting day places . . . . .	—	—	—	—	—	—	9	—	—	9
(b) awaiting boarding places . . . . .	—	—	—	—	—	—	24	14	—	38

F. Were on the registers of Hospital Special Schools . . . . . 55

G. During the calendar year ended 31st December, 1959, how many children were reported to the Local Health Authority—

(a) under Section 57 (3) (excluding any returned under (b)) . . . . . 43

(b) under Section 57 (3) relying on Section 57 (4) . . . . . —

(c) under Section 57 (5) . . . . . 22

of the Education Act, 1944?

## APPENDIX

## CLINIC SERVICES.

(February, 1960.)

## NORTH HERTFORDSHIRE DIVISION.

(a) <i>Minor Ailments.</i>		<i>Open.</i>	<i>In Attendance.</i>
Baldock—Medical Room, Senior School		Monday, Wednesday, Friday, 9.30 a.m.	Wednesday, 9.30 a.m. Dr. S. Moynihan.
Letchworth—Howard Hall, Norton Way.		Monday, Wednesday, Friday, 9–10 a.m.	Wednesday, 10.30–12. Dr. S. Moynihan.
(b) <i>Ophthalmic.</i>			
Hitchin—The Maples, Bedford Road	.	Thursday, a.m.	Dr. R. G. Hodder.
Stevenage—27 High Street	.	Wednesday, a.m.	Dr. R. G. Hodder.
(c) <i>Orthoptic.</i>			
Hitchin—The Maples, Bedford Road	.	(Temp. closed)	
Stevenage—Peartree Spring	.	Friday, a.m.	Miss J. Gilley
Stevenage—69 High Street	.	(Temp. closed).	
(d) <i>Speech.</i>			
Hitchin—The Maples, Bedford Road	.	Monday, a.m.	Mrs. Randall.
Letchworth—Howard Hall, Norton Way.		Wednesday, p.m.	Mrs. Randall.
Royston—Lady Dacre Room	.	Wednesday, a.m.	Mrs. Randall.
Stevenage—Peartree Spring	.	Monday, p.m.	Mrs. Randall.
Stevenage—27 High Street	.	Thursday, a.m.	Mrs. J. Waterman.
Stevenage—Bedwell Infant School	.	Friday, a.m., p.m.	Mrs. J. Waterman.
(e) <i>Child Guidance.</i>			
Hitchin—The Maples, Bedford Road	.	Tuesday, a.m., p.m. Thursday, a.m., p.m.	
(f) <i>Dental Clinics.</i>			
Baldock—Pinnocks Lane	.	Monday, a.m.	
Hitchin—The Maples, Bedford Road	.	Wednesday, a.m., p.m., Thursday, a.m., alternate. Friday, a.m., p.m.	
Stevenage, Peartree Spring, Hydean Way.		Monday, p.m. Tuesday, a.m., p.m. Wednesday, a.m. Thursday, a.m., p.m. Friday, a.m., p.m.	
Stevenage—Barclay School	.	Thursday, p.m., alternate (Orthodontic).	
Letchworth—Howard Hall	.	Monday, a.m. Tuesday, a.m., p.m. Wednesday, a.m. Thursday, a.m. Friday, a.m.	

## EAST HERTFORDSHIRE DIVISION.

(a) <i>Minor Ailments.</i>		<i>Open.</i>	<i>In Attendance.</i>
Bishop's Stortford—Nurses' Home, Portland Road.		Daily, 9–9.30 a.m.	1st and 3rd Wednesdays, a.m. Dr. Harrison.
Hertford—Welfare Centre, Bull Plain	.	Daily, 9–9.30 a.m.	4th Monday, p.m. Dr. J. Crawley.
Hoddesdon—F.A.P., Council Offices	.	Daily, 9–9.30 a.m.	1st Monday, a.m. Dr. Harrison.
Ware—87 High Street	.	Daily, 9–9.30 a.m.	Monday, a.m. Dr. L. Karpati.
Waltham Cross—Welfare Centre, High Street.		Daily, 9–9.30 a.m.	2nd and 4th Wednesday, a.m. Dr. L. Karpati.



		<i>Open.</i>	<i>In Attendance.</i>
<i>(b) Ophthalmic.</i>			
Hertford—National Eye Service, Parliament Square.		Monday and Wednesday, a.m.	Dr. G. W. May.
Bishop's Stortford—Herts & Essex Hospital.		Monday, p.m.	Dr. G. W. May.
Buntingford—Bridgefoot House	.	Tuesday, a.m., monthly.	Dr. G. W. May.
Waltham Cross—Welfare Centre, High Street.		Friday, a.m.	Dr. G. W. May.
<i>(c) Orthoptic.</i>			
Waltham Cross—Welfare Centre, High Street.		Friday, a.m., p.m.	Miss M. Jeavons.
Ware—87 High Street	.	Wednesday, a.m., p.m.	Miss J. Gilley.
<i>(d) Speech.</i>			
Bishop's Stortford—Nurses' Home, Portland Road.		Thursday, a.m., p.m.	Miss J. Hawksworth.
Broxbournebury School	.	Tuesday, p.m.	Miss J. Hawksworth.
Buntingford—Bridgefoot House	.	(Temp. closed).	
Hertford—Welfare Centre, Bull Plain		Monday, a.m.	Miss J. Hawksworth
		Wednesday, a.m.	
Hoddesdon—F.A.P., Council Offices	.	Tuesday, a.m.	Miss J. Hawksworth.
Rye Park—Infants' School	.	Wednesday, p.m.	Miss J. Hawksworth.
Waltham Cross—Welfare Centre, High Street.		Friday, a.m., p.m.	Miss J. Hawksworth.
Ware—87 High Street	.	Monday, p.m.	Miss J. Hawksworth.
<i>(e) Child Guidance.</i>			
Bishop's Stortford, Nurse's Home, Portland Road.		Tuesday, a.m., p.m.	
Hoddesdon—F.A.P., Council Offices	.	Thursday, a.m., p.m.	
<i>(f) Dental.</i>			
Bishop's Stortford—25a Portland Road		Thursday, p.m., alternate Friday, p.m.	
Buntingford, Bridgefoot House	.	Thursday, a.m.	
Hertford—Welfare Centre, Bull Plain.	.	Monday	
		Tuesday, a.m., p.m.	
		Wednesday, a.m.	
		Friday, a.m., p.m.	
		Saturday, a.m., alternate.	
Hoddesdon—Welfare Centre, High Street.		Thursday, a.m., p.m.	
		Friday, a.m., p.m.	
Waltham Cross—Welfare Centre, High Street.		Monday to Friday daily, a.m. and p.m.	
Ware, Bowling Road	.	Thursday, a.m.	
		Friday, a.m., p.m.	

## SOUTH HERTFORDSHIRE DIVISION.

		<i>Open.</i>	<i>In Attendance.</i>
<i>(a) Minor Ailments.</i>			
Barnet—Vale Drive	.	Daily, 9–9.30 a.m.	2nd and 4th Mondays, a.m. Dr. H. E. Ormiston.
East Barnet—151 East Barnet Road	.	Daily, 9–9.30 a.m.	2nd and 4th Friday, a.m. Dr. H. E. Ormiston.
<i>(b) Ophthalmic.</i>			
Barnet—Vale Drive	.	Wednesday, a.m.	Dr. J. Crewdson.
East Barnet—Church Farm, Burlington Rise.		Friday, a.m.	Dr. C. Brown.
<i>(c) Orthoptic.</i>			
Barnet—Vale Drive	.	Wednesday, p.m.	Miss M. Jeavons;
		2nd and 4th Wednesday, a.m.	
<i>(d) Speech.</i>			
Barnet—F.A.P., Vale Drive	.	Monday, p.m.	Miss G. M. Farmer.
		Wednesday, a.m., p.m.,	
		Friday, a.m., p.m.	

East Barnet—Church Farm, Burlington Rise.	Tuesday, a.m., p.m.	Miss G. M. Farmer.
East Barnet—John Hampden School .	Monday, a.m.	Miss G. M. Farmer.
<i>(e) Child Guidance.</i>		
Barnet—F.A.P., Vale Drive . . . .	Thursday, a.m., p.m.	
<i>(f) Dental.</i>		
Barnet—Vale Drive . . . . .	Monday to Friday, daily, a.m. and p.m. Saturday, a.m., alter- nate.	
East Barnet—149-151 East Barnet Road.	Tuesday, a.m., p.m. Wednesday, p.m. Friday, p.m. Saturday, a.m., alter- nate.	
Church Farm, Church Hill Rise, East Barnet.	Thursday, a.m., p.m.	

## DACORUM DIVISION.

<i>(a) Minor Ailments.</i>		<i>Open.</i>	<i>In Attendance.</i>
Berkhamsted—The Hut, Council Offices	Examination by appointment only.		
Tring—Nurses Home, Station Road .	do.		
Hemel Hempstead—Churchill, Park Road.	do.		
<i>(b) Ophthalmic.</i>			
Berkhamsted—The Hut, Council Offices	Saturday, a.m., as re- quired.	Dr. N. W. Gardener.	
Hemel Hempstead—Churchill, Park Road.	Friday, a.m.	Dr. N. W. Gardener.	
<i>(c) Orthoptic.</i>			
Hemel Hempstead—Churchill, Park Road.	Monday, a.m., p.m. Thursday, a.m., p.m.	Miss J. Gilley. Miss J. Gilley.	
<i>(d) Speech.</i>			
Berkhamsted—The Hut, Council Offices	Friday, a.m.	Mr. L. Willmore.	
Hemel Hempstead—Churchill, Park Road.	Friday, p.m.	Mr. L. Willmore.	
Hemel Hempstead—Adeyfield Hall .	Friday, a.m., p.m.	Miss V. Press.	
Hemel Hempstead—Bennetts End .	Tuesday, a.m., p.m.	Miss V. Press.	
<i>(e) Dental.</i>			
Berkhamsted—Butts Meadow Centre	Monday, a.m., Thursday, a.m.		
Berkhamsted—Ashlyns School . . . .	Wednesday, a.m. Friday, a.m.		
Hemel Hempstead—Churchill, Park Road.	Monday to Friday, daily, a.m., and p.m., except Tuesday, p.m.		
Hemel Hempstead—Bennetts End, Community Centre.	Monday, a.m., p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m., alternate.		

## MID HERTFORDSHIRE (WELWYN) DIVISION.

<i>(a) Minor Ailments.</i>		<i>Open.</i>	<i>In Attendance.</i>
Hatfield—Kennelwood, French Horn Lane.	Daily.	Wednesday, 4-4.30 p.m., Dr. J. Orr.	
<i>(b) Ophthalmic.</i>			
Hatfield—Kennelwood, French Horn Lane.	Monday, a.m.	Dr. A. Garratt.	
Welwyn Garden City—Gooseacre .	Wednesday, a.m.	Dr. A. Garratt.	



(c) <i>Orthoptic.</i>		
Hatfield—Kennelwood, French Horn Lane:	Tuesday, a.m., p.m.	Miss M. Jeavons.
Welwyn Garden City—Gooseacre .	Thursday, a.m., p.m.	Miss M. Jeavons.
(d) <i>Speech.</i>		
Hatfield—Kennelwood, French Horn Lane.	Friday, a.m., p.m.	Mrs. Randall.
Welwyn Garden City—Gooseacre .	Thursday, a.m., p.m.	Mrs. Randall.
(e) <i>Child Guidance.</i>		
Welwyn Garden City—Gooseacre .	Wednesday, a.m., p.m. Friday, a.m., p.m., once monthly.	
(f) <i>Dental.</i>		
Hatfield—Kennelwood, French Horn Lane.	Tuesday, a.m., p.m. Wednesday, p.m. Friday, a.m., p.m.	
Welwyn—Broomfield Road . . .	Friday, a.m.	
Welwyn Garden City—Gooseacre, Cole Green Lane.	Monday to Friday, daily, a.m. and p.m., except Wednesday, a.m., Saturday, a.m. alternate.	

## ST. ALBANS DIVISION.

(a) <i>Minor Ailments.</i>		<i>Open.</i>	<i>In Attendance.</i>
Harpenden—40 Luton Road . . .	2nd and 4th Wednesday, 9–11 a.m.	Wednesday, 9.30–11 a.m.	Dr. Clarke.
London Colney—C.C. Junior School, Alexander Road.	2nd and 4th Fridays, 9.30–12 noon.	2nd and 4th Fridays, 9.30–12 noon.	Dr. O'Reilly.
St. Albans—Wellington Court, Bricket Road.	Monday, 9–12 noon.	Monday, 9.30 a.m.–12 noon.	Dr. Wright.
Boreham Wood—Principal Health Centre.	Friday, 9.30–12 noon.	Friday, 9.30–12 noon.	Dr. M. E. Watkins.
(b) <i>Ophthalmic.</i>			
Boreham Wood—Principal Health Centre	Wednesday, p.m.		Dr. J. Crewdson.
Harpenden—40 Luton Road . . .	1st and 3rd Mondays, a.m.		Dr. R. G. Hodder.
St. Albans—Wellington Court, Bricket Road.	Tuesday, a.m. Friday, a.m.		Dr. A. Garratt. Dr. A. Garratt.
(c) <i>Orthoptic.</i>			
St. Albans—Wellington Court, Bricket Road.	Tuesday, a.m., p.m. Friday, p.m.		Miss J. Gilley. Miss J. Gilley.
Boreham Wood—Principal Health Centre.	Monday, a.m., p.m. 1st, 3rd and 5th Wednesday, a.m.		Miss M. Jeavons. Miss M. Jeavons.
(d) <i>Speech.</i>		<i>Open.</i>	<i>In attendance.</i>
Boreham Wood—Principal Health Centre.	Friday, a.m., p.m.		Mrs. Felstead.
Boreham Wood—Greenacres Health Centre.	Monday, a.m., p.m.		Mrs. Felstead.
Boreham Wood—Saffron Green Health Centre.	Thursday, a.m., p.m.		Miss G. M. Farmer.
Harpenden—40 Luton Road . . .	Tuesday, a.m., p.m.		Mrs. Randall.
St. Albans—Wellington Court, Bricket Road.	Monday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m.		Miss V. Press. Miss V. Press. Miss V. Press.
St. Albans—Margaret Wix Health Centre.	Wednesday, a.m.		Mrs. J. Waterman.
St. Albans—Windermere School .	Wednesday, p.m.		Mrs. J. Waterman.
St. Albans—London Colney School .	Monday, a.m.		Mrs. J. Waterman.
St. Albans—Camp School . . .	Monday, p.m.		Mrs. J. Waterman.
(e) <i>Child Guidance.</i>			
The Clinic, Hill End, St. Albans .	Full time.		
(f) <i>Dental.</i>			
Boreham Wood—Principal Health Centre, Elstree Way.	Monday to Friday, daily, a.m. and p.m., except Wednesday, a.m. Alternate Saturday a.m.		

Boreham Wood—Saffron Green, Nicoll Way.	Tuesday, a.m.
Boreham Wood—Greenacres, Allerton Road.	Wednesday, a.m., p.m.
Harpenden—40 Luton Road . . .	Friday, a.m., p.m.
	Saturday, a.m.
Harpenden—National Children's Home	Tuesday, a.m.
St. Albans—Wellington Court . . .	Thursday, a.m., p.m.
	Friday, a.m., p.m.
	Monday, a.m.
	Monday to Friday,
	daily, a.m. and p.m.,
	except Wednesday,
	p.m. Alternate
	Saturday, a.m.
St. Albans—Margaret Wix School, High Oaks.	Friday, a.m., p.m.

## SOUTH-WEST HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Bushey—Congregational Hall . . .	Monday, Wednesday, Friday, 9–10 a.m.	2nd Friday, 9.30–12 noon. Dr. MacRae.
Croxley Green—Malvern Way School .	Monday, Wednesday, and Friday, 9–10 a.m.	1st Monday, 9.30–12 noon. Dr. B. Colman.
Watford—65 Queen's Road . . .	Daily, 9–10 a.m.	Friday, 9.30–12 noon. Dr. P. Martin.
Oxhey—Principal Health Centre .	Monday, Wednesday, Friday, 9–10 a.m.	Monday, Dr. F. Barasi. 9.30–12 noon.

(b) *Ophthalmic.*

Watford—65 Queen's Road . . .	Monday, p.m.	Dr. N. Gardener.
	Friday, a.m.	Dr. R. S. Brewerton.
	Tuesday, p.m.	Dr. R. S. Brewerton
	2nd and 4th Wednesday, a.m.	Dr. R. S. Brewerton.
Rickmansworth—The Bury . . .	1st and 3rd Wednesday, a.m.	Dr. R. S. Brewerton.

(c) *Orthoptic.*

Watford—65 Queen's Road . . .	Monday, a.m., p.m.	Miss J. Davie.
	Tuesday, a.m., p.m.	Miss J. Davie.
	Thursday, a.m., p.m.	Miss J. Davie.
	Friday, a.m., p.m.	Miss J. Davie.
Oxhey, Principal Health Centre .	Wednesday, a.m., p.m.	Miss J. Davie.

(d) *Speech.*

Rickmansworth—The Bury . . .	Tuesday, a.m.	Mrs. V. Tait.
Watford—65 Queen's Road . . .	Monday, a.m., p.m.	Mr. L. Willmore.
	Tuesday, a.m., p.m.	Mr. L. Willmore.
Watford—Harebreaks . . .	Friday, p.m.	Mrs. B. Stallworthy.
Oxhey—Principal Health Centre .	Tuesday, a.m., p.m.	Mrs. Felstead.
	Wednesday, a.m., p.m.	
Garston Manor School . . .	Thursday, a.m.	Mrs. Felstead.
Colnbrook School . . .	Thursday, p.m.	Mrs. Felstead.

(e) *Child Guidance.*

Watford—13 Station Road . . .	Tuesday, a.m., p.m.
	Wednesday, a.m., p.m.
	Thursday, a.m., p.m.
	Friday, a.m., p.m.

(f) *Dental.*

Oxhey—Principal Health Centre, Oxhey Drive.	Monday to Friday, a.m. and p.m., except Friday, a.m.
	Saturday, a.m., alternate.
Oxhey—Woodhall School, Woodhall Lane.	Friday, a.m., p.m.
Rickmansworth—The Bury, Bury Lane	Monday, a.m., p.m.
	Tuesday, a.m., p.m.
	Wednesday, a.m.
Watford—The Avenue . . .	Full-time.
Watford—65 Queens Road . . .	Monday, a.m.,
	Tuesday, a.m. p.m.
	Thursday, a.m., p.m.
	Friday, a.m., p.m.





